Entity Name: IBERIA CRIME STOPPERS, INC.

Address: P O BOX 11235, NEW IBERIA, LA 70562-1235

Telephone: (337) 364-8477 (TIPS line)

Email: KLEJENNE OCFIRSTBANK, COM

(337) 321-4289 (Treasurer's direct work line)

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, <u>Kenneth P. LeJeune</u>, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of <u>IBERIA CRIME STOPPERS</u>, <u>INC</u> as of <u>December 31, 2022</u> and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows:

<u>Complete if Applicable:</u> In addition, <u>Kenneth P. LeJeune</u>, who duly sworn, deposes, and says that <u>IBERIA</u> <u>CRIME STOPPERS, INC</u> received \$75,000 or less in revenues and other sources for the year ended <u>December 31, 2022</u>, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

OFFICER'S SIGNATURE

OFFICER'S TITLE

Sworn to and subscribed before me, this 28

L

LUCAS MENARD Notary Public State of Louisiana Notary ID # 145568 Lafayette Parish

Y PUBLIC SIGNATURE & SEAL

Entity Name: <u>IBERIA CRIME STOPPERS, INC</u> Fiscal Year End <u>December 31, 2022</u>

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Act 50 Receipts	\$11,913	\$	\$11,913
2.			
2. 3.			
<u>4.</u> 5.			
5.			
6. Total receipts (add lines 1 - 5)	\$11,913	\$	\$11,913
DISBURSEMENTS (Provide Brief Description): 7.Software 8.Tips 9.Signs	\$2,412 2,300 1,826	\$	\$2,412 2,300 1,826
10.Subscription – Crime Stopper USA	220		220
<u>11.</u> <u>12.</u>			
13. Total Disbursements (add lines 7 - 12)	\$6,758	\$	\$6,758
14. Change in fund balance (Lines 6 minus 13)	\$5,155	\$	\$5,155
15. Fund Balance at beginning of year	\$28,809		\$28,809
16. Fund balance (deficit) at end of year (Add lines 14-15)	1 = - 1 =		

Identify the Basis of Accounting, if not using Cash-Basis:

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.

Entity Name: IBERIA CRIME STOPPERS, INC Fiscal Year End December 31, 2022

Balance Sheet			Statement B
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
Cash and cash equivalents	\$33,964	\$	\$33,964
2. Investments (fair value)			
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$33,964	\$	\$33,964
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description): 8.	\$-0-	\$	\$-0-
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	-0-		-0-
12. Fund balance (amount from Line 16 on Statement A)	33,964		33,964
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$33,964	\$	\$33,964

Entity Name: <u>IBERIA CRIME STOPPERS, INC</u> Fiscal Year End <u>December 31, 2022</u>

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Rob Cowan, President

Purpose	Dollar Amount
1. Salary	1 . Zero
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18. Zero

___ \checkmark __ Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)